

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS1970AGZ	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/16/2010
NAME OF PROVIDER OR SUPPLIER LAS VEGAS ALZHEIMER AND MEMORY CARE 1			STREET ADDRESS, CITY, STATE, ZIP CODE 3224 BRAZOS STREET LAS VEGAS, NV 89109		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of a complaint investigation conducted in your facility 8/31/10 through 12/16/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for 10 Residential Facility for Group beds which provide care to persons with Alzheimer's disease, Category II residents. The census at the time of the investigation was eight. Complaint #NV00026345 was substantiated. See Tag Y0850 and Tag Y0851.	Y 000			
Y 850 SS=D	449.274(1)(a) Medical Care of Resident NAC 449.274 1. If a resident of a residential facility becomes ill or is injured, the resident's physician and a member of the resident's family must be notified at the onset of the illness or at the time of the injury. The facility shall: (a) Make all necessary arrangements to secure the services of a licensed physician to treat the resident is the resident's physician is not available.	Y 850			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 850	Continued From page 1	Y 850			
Y 851 SS=G	<p>This Regulation is not met as evidenced by: Based on interview and record review 8/31/10 through 11/30/10, the facility failed to ensure the resident's physician or public guardian were notified after the resident became injured (Resident #1).</p> <p>Severity: 2 Scope: 1</p> <p>449.274(1)(b) Medical Care of Resident</p> <p>NAC 449.274 1. If a resident of a residential facility becomes ill or is injured, the resident's physician and a member of the resident's family must be notified at the onset of the illness or at the time of the injury. The facility shall: (b) Request emergency services when such services are necessary.</p> <p>This Regulation is not met as evidenced by: Based on record review and interview from 8/31/10 to 12/15/10, the facility failed to obtain emergency medical services for 1 of 5 residents after a fall (Resident #1).</p> <p>Findings Include:</p> <p>Employee # 2 stated that on 8/27/10, Resident #1 was dancing after lunch and fell. Interviews revealed the fall was witnessed by another</p>	Y 851			

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Y 851	<p>Continued From page 2</p> <p>resident who reported she saw the resident fall onto her stomach and that two caregivers had to pick the resident up.</p> <p>Incident reports did not mention a fall, but mentioned that Resident #1 was tired after dancing, was sweaty, had to sit down and then asked to go to her room to rest. The following morning (8/28/10) Resident #1 was given a shower and a caregiver noted on an incident report, the resident moved much slower than usual, did not complain of any pain and was still able to join the other residents for breakfast. The caregiver further wrote that she later administered two Tylenol 500 mg (mg) to Resident #1 and the resident told her she felt better after the Tylenol and that the caregiver did not see any bruises on the resident's body. According to another incident report, caregivers suggested to Resident #1 that she should go to an Urgent Care clinic around 1:00PM on 8/28/10, but the resident refused. The same report indicated Resident #1 was transported to a local hospital for medical treatment on 8/28/10, was diagnosed with a right hip intertrochanteric fracture, underwent corrective surgery the following day (8/29/10) and was discharged to a rehabilitation facility on 8/30/10.</p> <p>Resident #1 fell after lunch on 8/27/10, but did not receive medical attention for her broken hip until 8/28/10; nearly 24 hours after the fall.</p> <p>Severity: 3 Scope: 1</p>	Y 851			

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